# DD Case Manager Support Call Notes | 11/9/2020

## AGENDA

- Program Updates
  - Budget reductions
  - Case Manager Monthly Review expectations
  - System review changes
  - Updated forms require updated signatures
  - Removing rights restrictions
  - Home visit requirements
  - Privacy restriction documentation
  - Case manager obligation to read and respond to Division emails
  - Public comment period for Comprehensive and Supports Waiver amendments
- Monthly Training Session - Electronic Visit Verification for Self-Directed Services - ACES$

## TOPICS

### Budget reductions

As a reminder, the Wyoming Department of Health announced the budget reductions approved by the Governor's Office in response to declining state revenues. The specific budget reductions that directly impact the Comprehensive and Supports Waivers (DD Waivers) include the elimination of the following waiver services:

- Skilled nursing
- Dietitian
- Occupational therapy
- Physical therapy
- Speech, language, and hearing
- Homemaker

Additionally, state respite services will be eliminated. To clarify, state respite is not respite through the waiver, but rather a service for children who are on the waiting list. There will also be more stringent criteria for specialized equipment services. Participants on the Supports Waiver will no longer have ICAP assessments completed, and provider reimbursement rates will be decreased by 2.5%. A 2.5% reduction to DD waiver participant individual budget amounts (IBAs) will occur at the same time to reflect the decreased cost of services.

The target date for implementation is February 1, 2021. Additional information and process flows will be sent out in the coming months.

### Case Manager Monthly Review expectations

The Electronic Medicaid Waiver System (EMWS) has been updated so that case management monthly reviews that are not completed within 366 days will be removed from your task list and no longer be available for you to complete. There will be a red notation within these reviews that says "Review was system completed due to non-compliance with rule." As a reminder, the electronic case manager monthly review went live in EMWS and was required beginning July 1, 2016.

Reviews that are not completed by the case manager and marked as completed by the system will populate on a report. A Division of Healthcare Financing (Division) staff member may contact the case manager regarding this issue if this has not been addressed with the case manager in the past. In addition, when a quality improvement review is completed by Division staff, the past three months of case manager monthly reviews will be reviewed. The reviewer will focus on timely submission, documentation of billable services, observation notes, and any areas of concern. If the reviewer finds that the review does not meet standards or that the reviews are not submitted timely, this may result in technical assistance or corrective action as outlined in Chapter 45, Section 29 of Wyoming Medicaid Rules.

As you know, the monthly review must be completed and submitted before the case manager may bill for case management units. Although Medicaid allows 365 days for timely filing, the current Service Index dated April 1, 2020 states under *Billable Activities* that the monthly case management review must be completed prior to billing for services, and must be submitted within 60 calendar days of the service being provided. It is the expectation of the Division that case managers adhere to requirements outlined in the Service Index.

## System review changes

On September 1, 2017, the Division moved to an automated review process for a certain percentage of individualized plans of care (IPCs). EMWS has specific validations and data points in place which makes this possible. The goal with this enhancement to EMWS was to reduce the number of IPCs requiring manual intervention.

On November 9, 2020 the Division will begin 100% system review of IPCs. When an IPC is system reviewed, there is a quality improvement review (QIR) process in place to monitor these plans. The Division will conduct quality improvement reviews on a statistically significant sample of IPCs moving forward. Case managers should be diligent in assuring that information in the IPC is correct and the required documents have been uploaded prior to submission. All IPCs must be compliant with Chapters 44, 45, and 46 of Wyoming Medicaid Rules. In addition, services added to the IPC must comply with Wyoming Medicaid Rules and the guidelines and requirements in the Comprehensive and Supports Waiver Service Index.

If you have questions or concerns about an IPC, please contact your Benefits and Eligibility Specialist (BES) prior to submitting the plan. Please do not submit an incomplete IPC. As you know, IPCs that are system reviewed cannot be rolled back for corrections.

## Updated forms require updated signatures

Chapter 45, Section 10(e)(xix) of Wyoming Medicaid Rules establishes that signatures of all providers listed in the IPC must be obtained as part of the IPC process. The signature of the participant, legally authorized representative, and other plan of care team members is also required. If the IPC changes or if a form is changed or altered, the case manager must obtain new signatures. This ensures that all team members are aware of changes and have the most up to date information contained in the IPC.

## Removing rights restrictions

When reviews are conducted for an IPC or IPC modification and the BES requests documentation related to rights restrictions, the case manager should not just remove the restriction. The team should meet to discuss the restriction, determine if it is necessary to ensure health and safety, and update the IPC so that the restriction is compliant with Wyoming Medicaid Rules. It is not appropriate to just remove the

restriction so that required letters and documents don't have to be gathered. If the restriction doesn't comply with Wyoming Medicaid Rules, it is expected that the restriction will be removed and the provider will not implement the restriction any longer, but if the restriction does meet the standards outlined in Wyoming Medicaid Rules and is necessary, the time and effort should be spent to submit the documentation and update the IPC accordingly.

## Home visit requirements

Case management is the only required waiver service. It is important that case managers assist participants in gaining access to needed waiver services as well as Medicaid state plan services and other community, education, and medical services.

Monthly home visits are required when a case manager bills a monthly unit. Home visits are also required for the 15 minute billing units if the participant receives community living services. Home visits must be conducted at the participant's place of residence with the participant present. This is to ensure the participant's health and welfare are monitored and to discuss satisfaction with services and needed changes to the IPC. For further clarification, refer to the current Comprehensive and Supports Waiver Service Index as it clearly outlines the expectations for home visits and all other case management responsibilities.

## Privacy restriction documentation

When a privacy restriction is included in an IPC and the restriction is due to a participant's mobility challenges, such as being wheelchair bound, the psychological assessment may be used as the documentation that supports the medical need. In order to use the psychological assessment, the need must be highlighted in the evaluation. If the psychological evaluation specifically addresses the need for assistance with hygiene and ADLs, and the medical reason and details are outlined in the assessment, the psychological assessment may be used as the medical document as well.

In addition to the document highlighting the medical need, there must also be a legal document that gives someone other than the participant the right to restrict their privacy. A guardianship order is an example of this type of legal document. If you are unsure if the information contained in the psychological assessment meets this requirement, please contact your BES before submitting the IPC or modification.

## Case manager obligation to read and respond to Division emails

The Division is transitioning most of its processes, including provider certification renewal and corrective action, to an electronic format. These processes use email as the primary method of communication. It is imperative that providers, including case managers, read and respond to emails sent by Division representatives.

The Division is merging the current Developmental Disabilities Section and Community Based Services Unit into one Home and Community Based Services Section (HCBS Section), and we are continuing to identify efficiencies in how we perform our daily work. Providers may receive email from a Division representative with whom they are unfamiliar. It is necessary for the provider to respond to these emails, even if the provider hasn't worked with the Division representative in the past.

Failure to read and respond to Division email may negatively affect a provider's certification. Providers are required to meet all necessary standards and deadlines established in Wyoming Medicaid Rules, many of which will be noted in Division emails.

The Division is seeking help in getting this information to all DD Waiver service providers. If you work with a provider that isn't receiving Division updates, please encourage them to contact Shirley Pratt at shirley.pratt@wyo.gov to be added to the Division email list.

### Public comment period for Comprehensive and Supports Waiver amendments

On October 26, 2020, the Division released notice that the public comment period is open for amendments to the DD Waivers that will be submitted to the Centers for Medicare and Medicaid Services (CMS). The complete waiver applications, as well as a summary of the proposed changes, are available on the Public Notices, Regulatory Documents, and Reports page of the Division website. Public comment on these proposed changes will be accepted by mail, email, or phone until 5:00pm on Wednesday, November 25, 2020. Final acceptance of these changes is dependent on CMS approval.

The Division would like to encourage case managers to ensure that participants and families are aware of the public comment period, and provide information on where the documents and other relevant information can be found.

## WRAP UP

***Next call scheduled for January 11, 2021***